

December 1, 2003

Montana Medicaid Notice

Physicians, Mid-Level Practitioners, Public Health Clinics, Ambulatory Surgical Centers, and Hospital Inpatient and Outpatient Providers

Botox

The Department has been asked to reconsider the prior authorization criteria for Botox injections that went into effect July 1, 2003. The Department has reviewed the criteria and has decided to expand the criteria to more closely match Medicare's Botox criteria. The updated criteria will be backdated to July 1, 2003. Therefore, prior authorization will be available via post-service request for dates of service July 1, 2003 through December 1, 2003. The prior authorization requests can be faxed to 406-444-0778. Once authorization is obtained, rebill the service using the prior authorization number provided.

A copy of the complete Botox criteria is available on the Provider Information website or from Provider Relations.

Contact Information

For a copy of the Botox criteria and other information, visit the Provider Information website:
<http://www.mtmedicaid.org>

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958